



The Repetition & Avoidance Quarterly

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International Society for Traumatic Stress Studies Holds Its 2006 Annual Meeting in Hollywood

Around the corner from Ripley's Believe-it-or-Not Museum, the 2006 meeting of the ISTSS took place amid 90+ degrees heat. The theme this year was "The Psychobiology of Trauma and Resilience." The Keynote address for the conference had little to do with resilience, but everything to do with the psychobiology of trauma. University of London Geneticists Avshalom Caspi and Terrie Moffitt presented a talk, "Gene x Environment Interactions in Mental Health." I confess that I must have a genetic flaw. Every time I have come across genetics, whether in college courses or scientific articles, I am left impressed but without satisfaction. The idea is that genes do not express alone but in some sort of interaction with environment. Whenever there is variation in response, gene x environment hypothesis is implied. The keynote address promised some future understanding, I think, regarding the puzzle of who gets traumatized and who exhibits PTSD.

I took 27 pages of notes at the three days of meetings. I've been attending these meetings since the 1985 beginning of the Society. This year the Society had fewer concurrent sessions to choose from, resulting in a consequent overcrowding of many of the popular sessions. Late-comers were forced to sit in the aisles. I confess a certain pleasure I derive from seeing doctors sitting on the floor.

What has consistently been stimulating about the ISTSS meetings was the chance to sit with researchers and clinicians from various countries as they debate and discuss the contemporary issues in our field. This year, in some of the more controversial sessions, the comments were frequent and spirited. We had professionals from Israel, Japan, England, Switzerland, Netherlands, Canada, and Australia commenting and presenting. Canada's VA was prominent with their own information table in the hallway, discussing their work with their own veterans returning from deployments.

This year also had a session called "Past Presidents' Forum" which featured 4 notables: Charles Figley, Robert Pynoos, Alexander McFarlane, and Bessel van der Kolk. They addressed the history of the Society. Dr. Figley showed then-and-now-pictures of some of the major figures. Dr. Pynoos was

particularly stimulating with his mixture of art and literature in his discussion of psychological trauma. He encouraged the Society to not be preoccupied with the definitions of PTSD and to stick closer to our clients' own reports of danger and the need for reacquisition of safety. He pointed out that it is the cries of distress that make Picasso's *Guernica* so contemporary and profound. He urged us to rediscover the complexity of the trauma experience.

Dr. McFarlane took a slightly different tack, though he also focused on the language of trauma survivors. Dr. Pynoos pointed to the influence of trauma in Maciavelli, who was tortured for nine months before he wrote *The Prince*. Dr. McFarlane drew our attention to Tolstoy's description of war as "blood, suffering, and death." Dr. McFarlane complained that we professionals have become too literal with the influence of the DSM classifications and observed that we must listen to the language of what people say. He made the observation that depression is a more frequent outcome of psychological trauma than PTSD.

Dr. Figley was the Society's first president and his address was a roster of the names and pictures of pioneers. He recalled that Max Cleland gave the keynote address in the first meeting in Atlanta (he was then Georgia's Secretary of State), along with Robert Jay Lifton. Dr. Figley also questioned whether the Society had lost its heart, suggesting that a gulf had opened between the practitioner and the academician/researchers.

Bessel van der Kolk gave what appeared to be a small part of a larger or perhaps generic talk, regarding his frustration with getting a larger definition of PTSD into the DSM nosology. He asserted that PTSD was a political diagnosis, by its nature, always having a cultural context.

The living history of the forum gave this member of the audience a sense that PTSD had become not only reified by its inclusion in DSM, but also, to a certain extent, rigidified. Research and forensic use of the diagnosis has amplified its meaning, but also limited where we look to understand the disorder. Cultural context, heart, spirit, language, complexity, learning, were reiterated as essential to progress in understanding PTSD. (Continued on page 2, See *ISTSS*)

ISTSS, Continued from page 1.

Reconstituted Memory

The first symposium I attended was on memory, specifically on research using propranolol to treat acute PTSD. I attended because Roger Pitman, one of the scheduled presenters, is a stimulating lecturer. He had to cancel at the last minute and Charles Marmer, of UCSF, presented Dr. Pitman's paper. Also presenting was Alain Brunet of McGill University. Despite Dr. Pitman's absence, the debate sparked in the hour and fifteen minute session was worth witnessing. The contentious issue was whether memory can be blocked and reconsolidated or whether reconsolidation itself can be disrupted and new learning take place.

Matt Friedman piped in on the debate asking whether new learning was replacing blunted old learning. The question is at the heart of cognitive behavioral psychotherapy, which seeks to extinguish the emotional impact of traumatic memory and reconstitute old memory with new experiences. Dr. Pitman's research sought to show that memory recalled with propranolol also had blunted emotional content. In his experiment, 6 subjects from an emergency room sample got propranolol. Their traumatic experiences were recounted and then the subjects read to themselves scripts of their own experiences. Dr. Pitman reported that 3 of the 6 experienced a 50% reduction of symptoms as measured by the CAPS. One subject got worse.

I came away with the question of how we deal with clients who keep secrets of traumatic impact from the therapists. Do they not get better with CBT, or is there a halo effect when the therapy focuses on the traumatic memories they do reveal? If propranolol were used during the deconditioning, would the undisclosed secrets also lose their traumatic emotionality? This question applies both to those who are sworn to secrecy during military action and to those who as children were traumatized and coerced to keep the memory secret, or just are observing the family ethos: what happens in the family stays in the family.

New Directions in PTSD

In another session, that same Sunday afternoon, Alexander McFarlane of Australia was a member of a panel discussing the need for new directions in psychotherapy for PTSD. He described PTSD as a failure of natural remission of symptoms following a trauma and suggested that treatment facilitates natural remission. He wondered what symptoms remain after effective treatment and observed that "we don't know".

Barbara Rothbaum of Emory University in Atlanta insisted that treatment of psychological trauma must be long enough. She said, "I don't want my patients to *just* do better with me."

Echoing her statement Berthold Gersons of Amsterdam questioned how we reduce traumatic experiences (especially in disasters) to a treatable disorder and how we deny long term effects. This comment recalls the earlier workshop given by the Past Presidents regarding the Procrustian Bed of DSM IV diagnostic categories.

Insomnia

Regarding the "symptoms that remain" after even long term treatment, I have been impressed with the persistence of sleep

disturbance in veterans with chronic PTSD. So, I attended a symposium "The Role of Fear of Sleep in Trauma-Related Insomnia," hoping for some information that would be useful. Claudia Zayfert of Dartmouth presented studies in which she was a participating researcher. Interestingly, she got her subjects from the internet. Dr. Zayfert distinguished between those who were perhaps predisposed to insomnia, such as those prone to ruminative worry, and symptoms that precipitate insomnia, such as hypervigilance and nightmares. She also identified the symptoms that perpetuate insomnia, such as worry about not sleeping, and certain behaviors related to poor sleep hygiene (eating and watching TV in bed).

Dr. Zayfert talked about fear of sleep in persons who avoid trauma memory recall, or those who fear letting down their guard. Jason DeViva, a Baltimore VA psychologist elaborated on fear of sleep for those who fear something happening to them in bed or in the dark. He noted that this was probably at one time an adaptive behavior, such as for persons assaulted in the bedroom, or for those who were assaulted at night—a not uncommon occurrence in abusive households or combat zones.

Drs. Zayfert and DeViva discussed psychotherapy for insomnia and stressed stimulus control and careful recording of sleep-related behavior. They advocated establishing a regular pattern of sleeping, involving setting the alarm for the same time every day, using the bed only for sleeping or sex, and controlling for light, temperature, and noise. They also suggested discussing nightmares with the client and having the client then rewrite them for a preferred outcome. They coach the client to practice relaxing and to use imagery rehearsal techniques.

Vietnam War Veteran Controversy

Perhaps the most stimulating session was a panel debating the research of the NVVR study and Bruce Dohenwend's recent *Science* article (reviewed in *RAQ* 11-1), which essentially validated the original NVVR research. The most caustic critic of the research did not attend, but had a video of his criticism shown in his place. Richard McNally opined like a TV polemicist, using sarcasm, which appeared to offend Dohenwend's many defenders, including Terrence Keane, William Schlenger, and Dean Kilpatrick. The counter-arguments made note of the varieties of war casualties besides PTSD. War casualties in Vietnam were five times the KIA rates. There were also false negatives (veterans with PTSD who were not identified) in C&P assessments and research, as well as those with PTSD who will never participate in research or be otherwise formally assessed.

The debate evolved into a rather contentious discussion of GAF levels that constituted impairment. Just to sit in the room and listen to these academic master chefs go at it made me feel like I was privy to the stir-fry of fresh scientific ideas.

(Continued on page 7, see *ISTSS*.)

Report on the PTSD Program FY 2007 Client Survey

By Tom Schumacher

Approximately every two to three years, WDVA PTSD Program distributes a client satisfaction survey to a random sample of active PTSD Program clients. Contractors are represented by the number of surveys in proportion to the number of active clients they are seeing. By this means, approximately one in every four clients is provided a survey, a total of 410 client surveys were distributed. Respondents were completely anonymous unless they volunteered their names.

The survey this year was longer than previous surveys, with three pages of questions answered using Likert Scale, yes-no, fill-in the blank, and open-ended response formats. The categories assessed included satisfaction with service quality, amount, relevance, expectations met, and the degree to which the services resolved the reasons for coming for care. Included are items that examine the degree to which our clients would return if a new problem arose in the future, and the degree to which they would refer others needing war trauma counseling.

Another section examined the *Personal Changes*, the problems presented by the client and whether or not these were improved as a result of counseling services. Seven classic trauma related problem areas were examined as well as questions related to symptom and syndrome education; appraising the degree to which clients are no longer "alone" with their war-related symptoms; the degree to which clients have acquired the ability to enjoy more aspects of life; and, for those in significant relationships, reports from their partner that the client has improved as a result of counseling.

Section Three examined *Family and Social Life Changes*, asking questions about significant relationship and marriage status, homelessness, the last period of homelessness, and the perceived chances of returning to homelessness. The survey also asked our clients the degree to which the program offered them a source of "social connection."

Section Four surveyed *Occupational Changes* in the client's life, the degree to which PTSD and other stress reactions of war and subsequent stressors were believed to have affected the ability to work, and whether or not they were currently employed, owned a business, or attending school. Additional questions addressed VA service-connected compensation claims and status of awards.

Section Five—*Personal Life Activities*, asked veterans about what they are doing with their lives apart from employment. These categories include: *Family roles and activities; Extended family relationships and events; Volunteering in the community; Working for veterans organizations; Hobbies—listing things that offer the veteran relaxation, meaning, or improvement in life quality.*

Section Six was an open-ended question that asked for comments, suggestions, criticism, complaints, and other thoughts about the program.

Interim Results

Although the analysis of the survey findings remains incomplete, it is press time at the *RAQ*, and I want to offer at least some of the major survey findings.

Four hundred and ten questionnaires were distributed in the first half of October. One week was considered sufficient for mail delivery, and then a period of six weeks was allowed for the surveys to be returned. A self-addressed, stamped envelope was included with each survey in order to enhance returns. All responses were anonymous, although 39 respondents included their names in their open-ended question response. December 8th was set as the cutoff for all returned surveys. We have had five additional returns since the cutoff date that are not included in this report.

At the time of this writing, we have 226 surveys returned, for an overall return rate of 55%, a respectable rate of return considering the survey's three page length and the level survey detail. All of the surveys were useable, and all but one survey was fully completed. Veterans represented 71.4% of the returned surveys, family members 19.6%, while 8.9% were individuals who were both family members and veterans. Forty percent of the survey respondents had been in the program since the beginning of GWOT (2003); 66.2% since 2002, with 95% of all clients in the survey starting the program after 1998.

The open-ended question was completed by 153 of the 226 returned surveys, or 67.7%. The analysis of these comments included making an anonymous verbatim list of all comments, noting the respondent's veteran or family member status (sometimes both applied), and the war era of the respondent. The open-ended responses were overwhelmingly supportive, thankful, grateful, and offered a variety of observations reflecting their views of the personal value of the program. Table 1 is a short summary of these findings by response theme.

Table 1 — Open-Ended Themes

Themes and Percentage of Occurrence

Gratitude for the WDVA PTSD Program (other than generally positive comments): 43%

Comments about improved quality of life: 23%

Life-saving help of the program (includes reports of suicidal intentions, sense of certain death, or strong sense of foreshortened future at the time of intake): 20%

(Continued on page 4, see *Client Surveys*)

Client Surveys, Continued from page 3.

(Note about Table 1: Themes were assessed by an adult, non-psychotherapist, female, veteran, with a business administration and statistical analysis background. Other evaluators may find other themes when reading the open-ended responses of our clients. As a result, another analysis is planned using two independent raters from differing occupational backgrounds.)

War Eras

Examining the reported war eras of the veterans the Survey found, 66.5% were VN veterans and 13.0% were GWOT veterans or family members. In 35 cases the clients represent service in two war eras, and in 11 cases the clients reported having served during three war eras. Veterans made up 71.4% of all returns, and 68% of the written comments were from veterans.

Review of Responses

The following is a summary of responses to the survey of veterans and family members. Data were generated by the clients responding to a Likert, yes-no-NA, or a specifically structured response option format.

Table 2

The following represent the responses reported by clients regarding the quality, effectiveness, recommendability, amount, and other aspects of all counseling services provided. Also, the quality of the concern shown by their counselor, as well as changes that have occurred with respect to presenting problems, and general statements about quality of life changes. Rounding-errors may yield totals slightly over or under 100% for a given item.

Table 2 — Summary of Selected Findings

Rated Issue	Rating and Percent Reporting			
	Excellent	Good	Fair	Poor
1. Quality of the WDVA PTSD Program.	89%	10.1%	.9%	0%
2. Would Recommend to others.	Yes Definitely 93.1%	Yes 6.0%	Likely .9%	Not likely 0%
3. Received services sought.	Yes 80.6%	Yes, Generally 17.6%	Partially 1.8%	No 0%
4. Received amount of service sought.	Yes 77.8%	Yes, Generally 18.2%	Partially 2.7%	No 1.3%
5. Counselor considered concerned.	Very Concerned 87.3%	Gen Concerned 12.3%		Indifferent .4%
6. Counseling helped.	Yes definitely 72.2%	Yes 24.7%	A little 3.1%	Did not help 0%
7. Would return to program providers if more problems developed.	Yes definitely 86.4%	Yes 12.8%	Not sure .4%	No .4%
8. Helped to understand PTSD and war related stress reactions.	Yes 98.1%	No 1.9%		
9. Significant other says that I am doing better since seeing counselor.	Yes 76.6%	No 0%	NA (Not in a relationship) 23.4%	

Table 2 (Continued)

Symptom or Problem Area	Percent Improved	Percent not Improved	NA
1. Depression	91.8	1.0	7.2
2. Anger	83.5	1.5	15.0
3. Sleep problems	72.6	7.1	20.2
4. Nightmares	71.5	3.5	25.0
5. Anxiety	85.3	2.2	12.5
6. Worry	81.3	5.0	13.8
7. Intrusive Thoughts	72.8	3.0	24.2

Quality of Life Issues	Yes	No
1. I am not feeling alone in my stress reactions/PTSD.	95.7	4.3
2. I enjoy life more than before.	96.6	3.4

Observations

In the next edition of the *RAQ*, we will explore differences between family member and veteran responses, as well as more details about the sample, including homelessness history, occupational status, current school enrollment, and other details.

It should be noted that although approximately 40-50% of our WDVA PTSD Program veteran clients have had contact with federal VA treatment programs before coming to WDVA, within time a much higher percentage of these veterans return to the VA for special medical services, including psychotropic medication management.

WDVA-VAMC

The intricate process of an alienated veteran obtaining access to a VA Medical Center is known to take time and require significant support. This is true with Vietnam War veterans, but also witnessed in GWOT veterans. Once connected, the resulting treatment partnership and blending of state and federal services, is believed to be reflected by the client improvements and symptom change data reported here. The current survey made no effort to "tease-out" the interplay of these WDVA and VAMC connections, however in the past, our data demonstrated that this working relationship offers significant value to our clients. Future surveys will likely examine the various cooperative relationships that help the WDVA PTSD Program provide help for veterans facing a variety of life challenges.

Questions about this Survey

Submit all questions regarding this survey to Tom Schumacher, at 360-725-2226 or email me at tom@dva.wa.gov

Book Review:*Maisie Dobbs*—A novel by Jacqueline Winspear

Whatever becomes of the veterans who are maimed and disfigured by the war? In England and France, after World War I, some veterans were so obviously disfigured from war wounds that they were given refuge on what can best be described as treatment farms, ways to get away from the gawking public. Author Jacqueline Winspear manages to wrap a romantic detective story around this subject in her novel *Maisie Dobbs*. The novel begins in England ten years after the end of the war. Maisie is beginning her career as a private investigator. She has previously served as a nurse in France, treating the wounded in a field hospital near enough to the front lines to be herself wounded by artillery fire. As she is setting up her office, she encounters a building handyman, Billy, who recognized her as the nurse who assisted a doctor in saving his wounded leg. He says, repeatedly, “anything I can do for you, just ask.”

Maisie’s first big case takes her directly to a mystery about a war veteran’s death. A man hires her to follow his wife. The woman has been leaving home and spending her time mysteriously, causing her husband to be concerned that she may be having an affair. Maisie follows the woman to a cemetery where she visits the grave of “Vincent”, a deceased war veteran with no surname on his marker. The veteran died while residing on a farm called “The Retreat,” which served as a refuge for veterans who left the war with disfiguring wounds.

At this point the story digresses to detail Maisie’s unique history. She is the daughter of a “castermonger”, a man who sold vegetables from his horse cart. Her mother died when she was 12 and Maisie helped her father when she wasn’t in school. Maisie was a bright girl with lots of pluck, who loved her father. But her father was concerned for his daughter and placed her in service to the estate of Lady Rowan. Maisie adapts well and is always cheerful and, because she loves to read and learn, sneaks into the library in the wee hours to read while others sleep. Lady Rowan finds her there reading philosophy and, after looking at Maisie’s notes, decides to educate Maisie. To this end, Lady Rowan enlists the aid of a continental guru Maurice Blanche. Together they get Maisie progressed enough to take exams for the ladies’ college at Cambridge.

Just as Maisie is beginning to study at the college, World War I begins and casualties start to bend the conscience of the gentry. Maisie’s roommate joins the nursing corps and before long Maisie also volunteers. And consistent with the girl’s pluck and genius, (she lies about her age to enlist), Maisie goes off to the front line hospital in France and proves to be a very good nurse. She there attracts the eye of an army doctor who wants to marry the castermonger’s daughter.

Maisie Dobbs is a story that is more valuable for its content than its polish. The characters remain fairly shallow, and in spite of the author’s attempt to give Maisie depth, manages only one dimension. Yet there is truth in the historical situations that depict the pressures to commit to the war effort, the special bond that is created between nurses and wounded men,

which is a bond that for Maisie connects with wounded veterans long after the war is over.

Jacqueline Winspear attempts to develop a kind of urban hero in Maisie. She is schooled by a “brilliant” doctor and has skills that can only be regarded as marvelous. She knows just what to do when she’s in a pickle and can read the minds of others by imitating their posture and gestures. She has a dedicated assistant in the form of Billy, a wounded war veteran who, as a former sapper, is an electronics specialist. Thus the author has herself the beginning of a popular series of Maisie Dobbs stories.

Maisie Dobbs, however, is more than the sum of its faults. The story apparently, according to her dedications, is based on her own ancestors’ experiences and Ms Winspear has a knack for historical accuracy. What I liked about the novel is that it deals with a subject that is difficult to bring to popular attention—the long term personal cost of war. Maisie left her burgeoning career, a hard won appointment at Cambridge, to enlist as a nurse after her friend and fellow student, a carefree, upper class girl, enlisted, and after being goaded by a lower class fellow servant in the household to do her part.

The concept of a treatment farm is one that gets mentioned in various contexts. Bill Bunselmeyer, a Vietnam War veteran and former Everett psychiatrist, used to wax eloquently about the virtues of treating people with psychiatric disorders with participation in work on a farm. This mimics a bit the Salmon Habitat Restoration being pursued as a WDVA project by Mark Fischer. The very spirit of the WDVA PTSD outreach effort is to supplement the federal government. For all its virtues, the federal DVA is limited in caring for wounded war veterans, and so long as our government pursues aggressive war policies, we produce war veterans with physical, spiritual, and emotional wounds. It then becomes an obligation for local government and communities to supplement the long-term care that veterans may need.

Maisie Dobbs manages to depict veterans who are wounded in various ways. The novel ends with Maisie visiting the doctor she was in love with. He had been severely wounded in the same artillery barrage that wounded Maisie. He is horribly disfigured and requires full time care. Lady Rowan’s son, who can’t seem to get going after the war, finally goes off to Canada to look after business interests. Recall in Virginia Wolfe’s novel, *Mrs. Dalloway*, the cocktail conversation about England sending off her war veterans to Canada. We also appreciate that a major factor in the U.S. Westward migration after its Civil War consisted of war veterans moving away.

Maisie Dobbs was a nurse who became a war veteran when the war ended. Her life had taken a radical turn and she was encumbered with traumatic memories and personal losses. Yet, in this novel, she has special powers that allow her to pursue a career of adventure. EE ##

Movie Review:***Land of Plenty*—Wim Wenders looks at the U.S.A.**

Reviewed by Emmett Early

Land of Plenty, director Wim Wenders admits, is a political film couched in fiction. John Deihl plays Paul Jefferies, a “troubled” Vietnam War veteran who has come unglued by 9/11 terrorist attacks and the collapse of the World Trade Center. He drives around Los Angeles in a van equipped with video and audio monitoring, tape recording what he sees. He’s looking for suspicious Middle-Eastern looking people. He dictates into a tape recorder as documentation for a case file. He calls an assistant on a cell phone who carries out further research on a computer. This is a comic down-play of the superhero fighting crime in urban settings. He is not frenzied, as was Mel Gibson’s troubled war veteran in *Conspiracy Theory*, but seems just as delusional.

Land of Plenty has a young woman, Lenny (Michelle Williams), arriving at LAX. She is met by a preacher from a mission for the homeless. He drives her through the city he describes as “the hunger capital of America.” Henry, played by Richard Edson, was a friend and colleague of Lenny’s now deceased parents, who were missionaries. Lenny grew up in the Third World. She is a true believer and we see her praying in voice over. She is also rather electronically sophisticated and communicates with humanitarian organizations by Internet. She has come looking for her uncle, her mother’s brother, Paul. Her mother and Paul have been estranged, but Paul is Lenny’s only living relative.

Paul avoids meeting Lenny until a Pakistani Muslim, Hassan, who Paul has been following, comes to the mission for a meal and is served by Lenny. Hassan has been behaving suspiciously, according to Paul, because he’s been trafficking in boxes marked “Borax.”

As Paul watches with his video camera tracking activity through the sunroof, he witnesses a Hummer drive by and an explosive device thrown out one window and someone shooting down Hassan from the other. This event convinces Paul that he’s stumbled onto terrorist plot.

Paul is obviously ill, but Wim Wenders attributes his ailment to Agent Orange. (Paul insists he was exposed to Agent Pink, a more potent precursor to Agent Orange.) The VA or PTSD are never mentioned, although Paul must have some sort of independent income to pay for his occupation.

Paul works with Lenny to trace Hassan to the town of Trona, California, which is a source of Borax. Paul’s assistant has connected Borax to an obscure chemical weapon. They travel to Trona, ostensibly to return Hassan’s body to his brother, Joe Achmed.

The plot culminates with the discovery that Hassan was selling surplus Borax to make ends meet. Trona, a real place, is a wasteland of burned out buildings and abandoned homes.

Lenny and Paul also learn that the LA police have identified the murderers of Hassan as marauding middle class white kids. Paul is disenchanted by the news. His delusional plot, about sleeper cells, is deflated. He tells Lenny how he became dedicated to protecting the USA after 9/11 because of the heroic stand by those who died there. He reveals that he was a survivor in Vietnam of a helicopter crash. He has had nightmares about falling. Lenny tells Paul that she was in Palestine when she learned of the collapse of the Twin Towers. She said people there were cheering. Paul assumes that they were terrorists. Lenny responds, no, they were ordinary people. “They hate us. They hate our government”

Lenny shares a letter with Paul from her late mother, commending to Paul to “watch over” her daughter. The film ends with Paul and Lenny visiting Ground Zero in Manhattan. It seems that Paul has come out of his delusion and now has a new reason for being, the care for his “innocent” niece.

Wim Wenders wrote *Land of Plenty* with Scott Derrickson. He uses Paul and Lenny to describe two different kinds of dedication. Paul seems to symbolize misguided patriotism. Lenny represents a more humanitarian approach to religious faith. Michelle Williams plays Lenny with a sweet but resilient style of a young woman who has become worldly wise without becoming defensive or jaded by witnessing suffering. “Jaded,” we know, is another expression of psychic numbing.

Wim Wenders was a member of a movement of socially conscious German filmmakers who came of age after World War II. The late Rainer Werner Fassbinder and Werner Herzog were contemporaries of Wenders, who has been making films around the world in recent years.

Wenders knows about cultural denial from his native land. He uses the character of the Vietnam War veteran who is disturbed by the threat of new war, and takes him to the extreme. Recall the Nation’s leaders telling us to stay calm, but vigilant after 9/11. War veterans have tried to achieve that difficult balance since leaving the combat zone.

It is curious why Wenders opted to have chemical contamination be the source of Paul’s disability, when he is depicted having combat nightmares. At one point, in Trona, Paul tells Lenny, “I guess you’re probably thinking I’m one of those vets got screwed up in Nam.” No, he asserts, “We won—the Cold War. We stopped the spread of Communism. They were deleted.”

Wenders takes Paul to the edge of the absurd. His hyper-vigilant activities are humorous, yet sympathetic. What Wenders has done is make the war veteran into a symbol for political commentary. Like Communism before, Terrorism has become the cause celebré. ##

Editorial Comments

ISTSS's *Stress Points* Seeks Literary Input

In a bold move by contributing editors Drs. Harold Kudler and Howard Lipke of ISTSS's *Stress Points*, the readership was asked to submit artistic and literary material representing responses to, and accounts of, various forms of trauma.

The *RAQ* applauds the efforts of *Stress Points*, who "...invite (readers) to contribute a passage from the arts, broadly defined to include poetry, theater, film, religious scripture, folk stories, legends, fairy tales, musical lyrics—anything that gives literary voice to our field of study."

Examples abound of misery turned to wisdom and guidance: The deadly extremes of the Russian winter, the gulag, or the numerous unsuccessfully armies' attempting to conquer the vast and frigid regions of interior Russia— instructing us in the extremes of human endurance and offering perspective. Or the spirit that would give rise to French and German existentialism, as well as the work of the likes of Siegfried Sassoon (*A soldier's declaration*) from the trench war in France. And there is Elie Wiesel's *Night*, telling us of the terrible possibilities and unexpected survival of the Holocaust.

Not all creative material that originates from the experience of trauma need to be sober and dreary, or particularly philosophic. It is hoped that the editors at *Stress Points* might also consider the rich power of humor and mirth, as many actors and writers successfully developed their wit in the throes of combat. Jonathan Winters, Peter Sellers, Art Buchwald, Andy Rooney, Joseph Heller were all World War II veterans. They seemed to be able to develop zany responses to the madness of war, and created highly resilient means of working through their trauma stories and unfinished business.

Readers wishing to submit literary items to *Stress Points* should send via email to: ISTSSlit@aol.com. ts ##

King County Advances Frank Kokorowski to PTSD Trainer-Consultant

Frank Kokorowski, MSW, has been asked by King County to take charge of training and consulting regarding PTSD for the County's mental health services. To this end, Mr. Kokorowski informed the *RAQ* that he will be phasing out his direct clinical services over the first 6 months of 2007.

Mr. Kokorowski provided an important service to the homeless veterans in downtown Seattle, with a unique mix of traditional social case work and psychotherapy. With his background as social worker in the King County Jail and Western State Hospital, he was able to address the mental health needs of veterans. He assisted veterans in filing claims with the federal VA and provided a network to other social services. The King County Veterans Program plans to contract out the direct services that Mr. Kokorowski provided. We congratulate Frank on his new role, and know that he will offer clinicians in several venues the important perspective associated with his years of trauma treatment. ##

ISTSS, Continued from page 2.

The last day of the ISTSS meetings is usually a little flat. There are fewer people attending. Some of the long distance travelers have moved on. In the past there was a second keynote address that was given by a popular person in the field. This year, the stars came out in a panel discussion "Childhood Stressors and Adult Vulnerability." Mardi Horowitz, Robert Pynoos, Alicia Lieberman, and Bessel van der Kolk presented papers, with the venerable Dr. Horowitz chairing the panel.

Again it was Robert Pynoos who stole the show by delivering a lecture without notes and without power point computer assist. Tom Schumacher later speculated that I was largely educated in that fashion and thus attuned. Dr. Pynoos emphasized the fact that we don't erase memory. Although there is no "unlearning," he said that we can only introduce greater latency. He referred to several historic examples of war or childhood traumatic experiences influencing adult decisions of men in power: He cited Peter the Great of Russia and Oliver Wendell Holmes, the Supreme Court Justice who fought in the U.S. Civil War. He pointed out how our early experiences follow us, camouflaged, all our lives.

I did not think then to ask the panel to comment on collective decisions made by nation states that are influenced by collective traumas, for it seems that we are witnessing the massive traumatization of whole populations.

After the first night, Tom and I were gifted with a private tour of Hollywood and Beverly Hills by a putative native of the area, Mike Phillips. Mike showed us the fancy homes and shops made possible by *your* movie tickets. There are always added benefits to attending these meetings. I for instance got to spend a few hours enclosed in a rental car with Mike Phillips and Tom Schumacher. Then I got to eat dinner with them and learn many amazing things.

I spent several hours in the Burbank airport waiting for my plane to depart. I watched a live car chase on TV, the culprit, apparently a murder suspect, was followed by CHP cars until he ran out of gas, then he was immediately surrounded before he could get away from his car. I thought to myself that this is what Robert Pynoos was talking about. Our childhood experiences are like the CHP, (albeit in unmarked cars), following us throughout our lives, waiting for us to run out of gas. When we encounter trouble with our senior discount, we are surrounded by emotions and images that disarm our most sophisticated development. EE ##

RAQ Retort

The *Journal of Traumatic Stress* doesn't invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. And if you have a workshop or a book experience to tout, rave or warn us about, the *RAQ* may play a role. Your contributions will make a difference. Email the editor or WDVA.

**emmettearly@msn.com
tom@dva.wa.gov**

Book Review:*In Parenthesis*, by David Jones

Reviewed by Emmett Early

There is something of a book exchange in my office. I sometimes loan clients books off my shelves to read and they sometimes loan books to me. One client brought in an old, worn paperback, *In Parenthesis*, by David Jones. He said it wasn't really a novel and it was hard to read. David Jones was an infantryman in the Royal Welsh Fusiliers during WWI. Same regiment as Robert Graves, although they seem not to have met. His book, which is actually a long poem, published finally in 1937, covers the time from December, 1915, to July, 1916, when 19,000 English troops were killed *in one day* during the Battle of the Somme. David Jones was wounded in the Mametz Wood and evacuated.

There are several things remarkable about this work, not the least of which that it has an Introduction by T.S. Elliot, in which he lauds Jones as being a Modernist of the caliber of Elliot, himself, James Joyce, and Ezra Pound. "The lives of all of us," writes Elliot, "were affected by the War, but David Jones is the only one to have fought in it."

I read that Introduction, and then Jones' own Preface, which was itself fascinating, in part for the universality of what we know about military service, particularly in the time of war. This was when men, and now women, find themselves thrown together with peers from diverse populations from around the country. Jones, a Welshman, found himself joined along with other Welshmen with Cockney Londoners. He writes in his Preface: "It was curious to know them harnessed together, and together caught in the toils of 'good order and military discipline'; to see them shape together to the remains of an antique regimental tradition, to see them react to the few things that united us—the same jargon, the same prejudice against 'other arms' and against the Staff, the same discomforts, the same grievances, the same maims, the same deep fears, the same pathetic jokes; to watch them, oneself part of them, respond to the war landscape; for I think the day by day in the Waste Land, the sudden violences and the long stillnesses, the sharp contours and unformed voids of that mysterious existence, profoundly affected the imaginations of those who suffered it. It was a place of enchantment."

I was hooked on the book and ordered my own copy, (it has been republished in 2003 by the *New York Review of Books* with an additional Forward by W. S. Merwin.) when I read at the end of Jones' Preface his explanation of his title.

"This writing is called 'In parenthesis' because I have written it in a kind of space between—I don't know between quite what—but as you turn aside to do something; and because for us amateur soldiers (and especially for the writer, who was not only amateur, but grotesquely incompetent, a knocker-over of piles, a parade's despair) the war itself was a parenthesis—how glad we thought we were to step outside its brackets at the end of '18—and also because our curious type of existence here is altogether in parenthesis." I think that I have never read a more concise description of the war veteran's lot.

In Parenthesis is very difficult to read, as was *Ulysses*, The

Waste Land, and Pound's *Cantos*. (I happen to have a taste for Modernist works.) *In Parenthesis* is steeped in Celtic mythology, Arthurian legend, Roman heritage, and Shakespeare. I have read *Ulysses* probably 5 times and still am overwhelmed by its difficulty, and yet fascinated by the richness in every paragraph.

Jones begins with his unit being deployed from its training base in Wales across the Channel to France. His poetry gives us an immediate feeling for the moment as the troops begin to thread their way into the trenches at night, one soldier following another, as they move closer to the front, slogging through a maze of half flooded trenches in the deepening December cold mud. The troops take up positions opposite Mametz Wood, which they would assault seven months later. In the meantime, they are employed with maintenance details, making a home in the mud, and Jones gives us a rich feeling for the bonding of the men from diverse backgrounds, all Celts, with a literary and mythological history of their heritage. What struck me so profoundly was the way in which he captured the immediacy of the moment by breaking down my intellectual comprehension with his imagery. Here is an example, as the troops are going over the top in the beginning of the Battle of the Somme,

"Racked out to another turn of the screw
the acceleration heightens;
the sensibility of these instruments to register,
fails;
needle dithers disorientate.
The responsive mercury place laggard to such fevers—
you simply can't take any more in.
And the surfeit of fear steadies to dumb incognition, so
that when they give the order to move upward to align
with 'A', hugged already just under the lip of the acclivity
inches below where his traversing machine-guns perforate
to power white—
white creature of chalk pounded
and the world crumbled away
and get ready to advance
you have not capacity for added fear only the limbs are
leaden to negotiate the slope and rifles all out of balance,
clumsied with long auxiliary steel
seem five times the regulation weight—
it bitches the aim as well;
and we ourselves as those small
cherubs, who trail awkwardly the weapons of the God in
Fine Art works."

David Jones was wounded in that assault across the chalk terrain into Mermatz Wood and the poem ends with the soldier lying amid others, the wounded, the dead, and the dying, awaiting the stretcher bearers. *In Parenthesis* can be read, like *Ulysses*, again and again, without plumbing the depth of understanding, being left with the rich feeling of heritage. ##

Short Term Trauma Psychotherapy and Transference Issues

What does a psychotherapist do when circumstances dictate how long one can treat a client with chronic PTSD? The question was addressed in a "Clinical Case Conference" in the October, 2006, issue of the *American Journal of Psychiatry* [War and Peace: Psychotherapy With a Holocaust Survivor, 163(10), 1705-1709]. Participants in the conference were Andreea Seritan, MD, the therapist, and discussants Glen Gabbard, MD, and Lloyd Benjamin, MD. The patient was a 68-year-old woman who had survived the Nazi Holocaust hiding in a barn, experiencing the deaths of her mother and younger brother during that time. The challenge to Dr. Seritan, who conducted the intake evaluation, was that the patient wanted to be treated by her, but the doctor was due to terminate her training in 5 months. The termination, they decided, was to become part of the treatment process, discussed from the beginning, to address the issues of the patient's early traumatic losses.

Dr. Gabbard's comments are enlightening: "A sense that one's life has stopped is a common sequela of severe trauma of the sort that Ms. A experienced. Psychiatrists who interviewed Holocaust survivors after World War II reported that many survivors felt as though it were still 1945 and that there had been no movement in their lives since. This notion of being developmentally frozen is highly relevant to this woman. Even though Ms. A is 68, we should not be deceived by her chronological age. Within her, there is a frozen child who has never been able to move beyond the trauma, and we will undoubtedly see this aspect of her internal world emerge during the course of psychotherapy" (pp. 1705-6).

A common report about family traumatic tragedies, Dr. Seritan observes that the patient's father "never talked with her about her mother's death or what happened in their hideout" (p. 1706). What the patient learned as a child in the circumstances was that she should take care of herself and never complain.

Dr. Seritan saw Ms. A in weekly psychotherapy. She reports that she was both fascinated by the patient's psychological complexity and intrigued by her resilience. She prepared herself by reading Victor Frankl's *Man's Search for Meaning*. Dr. Seritan's supervisor, Dr. Gabbard, comments that "Beginning therapists often feel inadequately prepared to discuss aspects of the patient's life with which they are unfamiliar, however, historical data and cognitive knowledge about the patient's past are not nearly as important as staying empathically attuned to the patient's emotional experience" (p. 1707).

There is an interesting exchange regarding what the therapist is told, and what is withheld by the patient. Dr. Gabbard notes that the patient, like many trauma survivors, grew up in a code of silence. He states, "The therapist must always be curious about what is being concealed" (p. 1707).

Issues of transference appear early in the therapy. Dr. Gabbard observed, "Fundamental to the notion of transference is the idea that patients experience the therapist as part of an unconscious recapitulation of their early experience with their families" (p. 1707). When traumatic losses of mother and sibling are elicited in the treatment, transference is likely to be strong. Dr.

Gabbard warns, "Remember that what the patient cannot repeat in words, she will repeat in action, in the way that she relates to the therapist" (p. 1707).

The way that the brevity of therapy was dealt with was through discussion of the impact of loss of therapist on the patient who had traumatic losses. The discussion was initiated from the beginning of therapy in anticipation of the termination. Dr. Seritan revealed also that she was so impressed with the patient's story that she wanted to write about it in a case report. This note, Dr. Gabbard observed, created a special kind of countertransference associated with a case that one wants to write about. "You might call it 'writing countertransference' because you find yourself particularly attentive to those areas of the patient that are most relevant to the topic of your report" (p. 1708).

The Case Conference highlights the kind of dilemmas that psychotherapists encounter when dealing with clients with a history of psychological trauma—and the earlier the trauma in the client's history, the more the issues of transference are expressed in action rather than in words. The closing sessions of the case under discussion ended with the issue of whether the therapist should accept a token gift from the patient. The commentators observed that there has been a loosening of the hard rule that forbade acceptance of such gifts. Dr. Seritan said that she only accepted the token after the meaning of the gift had been thoroughly explored.

Dr. Gabbard's closing comments are worth noting. "Keep in mind that this is a resilient woman, and even though she appeared to be a frozen 4-year-old, she is also a survivor of extraordinary trauma. Nonetheless, through projective identification, each patient unconsciously shapes the therapist into the kind of therapist they want. She related to you in such a way that you became transformed into a good mother—not the wicked stepmother—and you wanted to respond in the way that she needed you to respond. Every patient does that to some extent. You gave her validation because you sensed that she was stuck and frozen and needed that validation to move on developmentally" (p. 1709).

Comment

The advantage that the therapist had, in this case, was a firm knowledge of when she would have to terminate treatment. Both she and the patient accepted this fact, and the impact of loss was anticipated from the beginning. Some of my most difficult moments in training and early therapy experiences have been in the premature imposition of time limits on psychotherapy. I have come to appreciate the myth of the Procrustean Bed, in which metaphorical parts of the client are cut off to satisfy the institution's needs. Patients and clients are grouped into training modules and time-limited treatment regimens with little regard for the overlapping emotions and awakened memories that result in unmet needs. EE ##

Movie Review:***Missing In America*—Avoidance and the Sacrificial Lamb**

Reviewed by Emmett Early

Missing in America was released in 2005. It is a relatively low budget, independently made film about Vietnam War veterans living in isolation in the forests of the Northwest. It is also about a war veteran's relationship with a child and the combining of these two themes is what lends the narrative its power.

Danny Glover plays Jake Neeley, a war veteran living in isolation and his performance is the center of *Missing in Action*. He lives in a remote cabin. The film opens with him starting out his day, feeding his aged dog on the front porch, while flinging out curses when the creature barely moves. He feeds the chickens with more affectionate curses and talks to a raven perched in a nearby tree. We get the impression that the veteran is living on the financial edge when he takes a drip pan of oil from under his old pickup truck and pours it back into his engine. The truck struggles to start and then trundles off through the forest spewing blue smoke.

Jake drives to the country store where he pays for boxes of supplies. Linda Hamilton plays Kate, the proprietor, who warns him of the rising prices of the supplies. It seems Jake buys items from the store and distributes them to other vets living in even greater isolation. This time Jake receives disturbing news from Kate that someone has been looking for him. He rushes back to his property and grabs his shotgun, but then discovers that the intruders are a Eurasian girl of about 9 and her dying father, who served under Jake in Vietnam. He has brought his daughter to Jake because he is dying of cancer. He leaves the girl, despite Jake's protests, and goes off to die.

Zoë Weizenbaum plays Lenny, who is now an orphan, left in the arms of a grouchy, dark stranger. Lenny's presence stirs up a traumatic memory for Jake, which we see in repeated scenes suggesting flashbacks, in which Jake as an infantry lieutenant orders a young soldier to fire into a straw hut that contains children but also has a machine gun pinning them down.

Missing in Action was directed by Gabrielle Savage Dockerman from a screenplay by herself, and the story's author Ken Miller. Nancy Babine also shares screenplay credits. Author Ken Miller is a Vietnam War veteran who received the Distinguished Flying Cross as a helicopter pilot.

Lenny demonstrates impressive spunk which plays nicely off the grouchy Jake. At first they argue when Jake shouts at her for handling his Purple Heart while exploring his dresser drawer. Lenny discovers that Jake has given his pets, his dog, his cat, his chickens, his raven, no names. She then changes her doll's name to Doll. He explains to her the raven is a symbol in the Northwest for courage. "Follow the raven into the shadow and you will find light."

Jake takes Lenny with him in the truck to distribute the supplies to the "friends" who live in the woods. He delivers to drop-off spots where the remote veterans have left firewood. Jake will take the firewood and sell it, and then purchase more supplies for them.

Lenny, herself, functions as a Bringer of Light, when she urges Jake to have a picnic for his friends in the forest, playing a popular Vietnam era song, "We got to get out of this place." They manage to lure the veterans out of the tree line with what seems like improbable ease. Three veterans come out warily and the first two greet Jake and Lenny by announcing, like members of a rap group, their names and when they were there. One is named Mitch, one Dinky. The third veteran to appear is Red, who wears a black baklava that covers the scars on his face. Mitch informs them that a "gook little girl" exploded a "grenade that blew off half his face." Red, reports Mitch, is a "walking body bag. He died in Nam." Mitch also notes that Red surrounds his camp with booby traps. When Red is introduced to Lenny, he spits in her face.

Jake is overwhelmed by the experience (and the flashback memories) and begins drinking. He wants to take the girl to Kate at the store, but Lenny runs off into the woods and falls over a cliff, hanging on to a branch. She dangles there until Red finds her first and acts like he's going to shoot her, but then spares her and runs off. Jake stops drinking and grows closer to Lenny. He buys her a lamb.

When a client described the film to me, himself an avoidant war veteran, he said that the film ended sadly, but yet was upbeat. He thought that the people who made the film knew about PTSD. *Missing in America* ends with a trip to the Vietnam Veterans Memorial Wall, where Jake leaves Lenny's doll with his Purple Heart pinned on it. The raven alights on the top of the wall: a rather heavy-handed use of symbol.

Missing in America follows a tradition of films about veterans who live in the woods, eschewing society. *Distant Thunder*, which was also filmed in the Northwest, featured a group of isolated veterans, one of whom is visited by his son whom he had deserted. *Spitfire Grill* was about a girl, herself traumatized, who becomes fascinated by a Vietnam War veteran who lived in the woods near the grill where she worked. In all three of the films, the veterans' isolation is ended with violence. In the case of *Spitfire Grill* and *Missing In America*, the veteran achieves resolution at the sacrifice of the girl.

Although *Missing in America* is clearly carried by the acting talents of Danny Glover, much credit must be given to Zoë Weizenbaum, a professional actress, who demonstrates a broad range of talent and manages a nice balance of spirit and vulnerability. The movie runs into trouble, however, when it tries to deal collectively with the veterans and their avoidant behaviors. The director lacks subtlety. When Lenny lies dead after the explosion of Red's booby trap, the camera pans up overhead and we see the little lamb curled up next to her body. The calamity of the girl's awful death is muted by the director's heavy handed symbolism. It seems as if the grief was too much for the film and it skips to the easy symbol of the Wall where the dead of Vietnam are etched in memoriam. ##

Movie Review:

Flags of Our Fathers—The Exploitation of War Veterans

Reviewed by Emmett Early

Clint Eastwood has never been particularly kind to politicians. His new film, *Flags of Our Fathers*, which was released this Fall, is a vitriolic statement about the exploitation of war veterans for the sake of national gain. The film is difficult to view and downright painful at times, particularly for those of us in the business of treating war veterans. Four men are pulled out of the battle for Iwo Jima and transported back to the USA to help sell war bonds, after their picture appeared on the front pages of newspapers across the country raising the flag on Mount Suribachi. As the men are taken about the country like celebrities, and presented at rallies to encourage the sale of war bonds, each has vivid flashbacks involving guilt over the carnage he just left.

Flags of Our Fathers is particularly painful because Eastwood cuts back and forth between the battle scenes and the war bond drive. The marines are presented and touted as heroes, which is perhaps the worst thing to do to veterans just back from battles involving heavy losses. Their guilt seems to grow with each bond rally, particularly as they are plied with abundant alcohol and presented to gatherings of Gold Star Mothers.

Flags was written in screenplay by Williams Broyles and Paul Haggis from a book by James Bradley and Ron Powers. James Bradley is the son of the navy corpsman in the story. The Iwo Jima scenes were filmed on the volcanic terrain of Iceland, and the vista scenes of the assault were computer generated. Director Eastwood emphasizes the terrible contrast between scenes of vivid carnage and the promotional showmanship back home. He takes us into caves where all that is left is an ossuary of tortured, mutilated corpses. He lingers on dying men, Japanese soldiers pinioned on bayonets, heads and arms and legs blown off.

Eastwood draws contrasts between the collective work of men in combat, where no one stands above another, and the blatant theatrics involving of the stateside promotion of "heroes." This film stands alongside the Preston Sturges *Hail the Conquering Hero*, made during WWII, in which 6 marines from Guadalcanal return with the make-believe war veteran to meet a townspeople hungry for hero worship. That film was played for laughs throughout, whereas *Flags* gives us gut-wrenching pathos with the "heroes" worn down by the guilt of their misrepresentation.

Three of the men who pushed up the flag on Mount Suribachi are a navy corpsman, Doc Bradley (Ryan Phillipe), and marines Rene Gagnon (Jesse Bradford) and Ira Hays, played by Seattle actor, Adam Beach. Ira Hays, a Native American of the Pima tribe, was featured in a 1961 film, *The Outsider*, that is thus far unavailable in video stores. Adam Beach as Hays demonstrates powerful acting talent.

Like *Saving Private Ryan*, *Flags* tries to cut back from the aging war veteran to his memories of combat, but whereas *Ryan* used this technique as bookends to open and close his film, Eastwood's *Flags* cuts repeatedly between not only the war and the veterans on display, but also to the son of the veteran researching the story. The frequency of the cuts in Eastwood's film truncates the drama and interrupts the tension.

It is reported that Clint Eastwood has also put together a feature length film, *Letters from Iwo Jima*, to be released soon, which will tell the story of the battle from the Japanese point of view.

Flags of Our Fathers illustrates an important point in the lives of war veterans. Deserved as honors and awards may be, including service-connected disabilities, the nature of the tribute has the potential to exacerbate the veteran's guilt. One reviewer (David Denby of the *New Yorker*, 10/20/2006, p. 102) noted the downfall of two of the three veterans after their war bond tours were over. Denby stated that a strong character like Gagnon would not end up working as a janitor. The decline into alcoholism and early death of Ira Hays is almost legendary. We who treat war veterans can easily comprehend how able veterans stumble in their post war careers and end up at mid life with unrealized potential and early retirement.

One of the problems with the research categories that separate *lifetime* diagnoses and *current* diagnoses, is that the intensity of PTSD during the early part of a veteran's readjustment after war can set the stage for impaired development in career and marriage. Getting fired or leaving jobs and marriages because of angry edginess, restlessness, and posttraumatic guilt leaves the veteran with little to work with at midlife. While his PTSD symptoms may have diminished with the decline of adrenalin and the mellowing of age to the point that he may not qualify for the diagnosis *currently*, the disorder has left him hobbled as he approaches retirement. *Flags of Our Fathers* shows Ira Hays working at menial jobs and walking the highways like a hobo, seeking out the families of men who died on Iwo Jima. Hays endures repeated and unrelenting racial prejudice from people who are unconscious of the damage they cause. His friends call him Chief and make jokes about being an Indian. Only Harry Truman, in a rather interesting cinema moment, talks to Ira Hays about his tribal land with some sensitivity.

Flags of Our Fathers presents to us the problem that citizens of the homeland have when relating to war veterans. We must treat them with respect and dignity, without extolling their courage as exceptional in order to compensate for the many who were maimed and died. ##

WDVA Contractors and Therapists

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WDVA PTSD Program Director:

Tom Schumacher, M.S., LMHC, NCC...360 725 2226
 Pager..... 800 202 9854 or 360 456 9493
 Fax.....360 586 1077

King County Veterans Program Contractors and Therapists

Steve Akers, MSW, King County.....425 388 0281
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The Director of the King County Veterans Program
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King County Veterans Program, provides vocational
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Jerry Towne, MBA is the WDVA Manager of the Jail
 Diversion Project and Homeless Veteran Program for
 King County. Jerry's number is 206-296-7569.

The PTSD Program is committed to outreach of returning
 veterans of our current wars. We work closely with the Na-
 tional Guard, military reserves, and active duty members and
 families to promote a healthy and supportive homecoming.

To be considered for service by a WDVA or King County Contractor, a veteran or veteran's family member must pre-
 sent a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documenta-
 tion. Occasionally, other documentation may be used to prove the veteran's military service. You are encouraged to call
 Tom Schumacher for additional information, or if eligibility is consider a potential issue.

It is always preferred that the referring person or agency telephone ahead to discuss the client's appropriateness and the
 availability of time on the counselor's calendar. Contractors are all on a monthly budget. All PTSD Program Contractors
 are skilled at using various funding resources should the state of King County funds be in short supply.

Some of the program contractors conduct both group and individual/family counseling. ##

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Seattle VA Deployment Clinic 206 764 2636		

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 be included in our mailing list, contact WDVA, Tom Schumacher, or Emmett Early. The *RAQ* can also be read
 online by going to the WDVA website www.dva.wa.gov. Once you arrive at the website, click on PTSD, and once
 on the PTSD page, scroll to where you find access to the *RAQ*. The newsletter logo on the front page is a computer-
 ized drawing of a photograph of a discarded sign, circa 1980, discovered in a dump outside the La Push Ocean Park
 Resort. Comments and contributions to *The Repetition & Avoidance Quarterly* are encouraged. We also seek your
 offerings of literary references regarding trauma that you find meaningful, inspirational, or therapeutic in your
 work with trauma survivors, or as a student in the field of traumatology. Space may limit a large submission, how-
 ever the reference and your thoughts about the submission will be considered for publication. ##